



CENTRON SECURITY SERVICES

## Daily Security Report

Client No. <b>2036</b>	Client Name <b>O.H. metals</b>	Location <b>1002 Oswego St. Utica</b>	Date <b>3/23/87</b>											
Facility Equipment <b>14</b>	Detox Clock <b>14</b>	Weapon No. <b>—</b>	Holster <b>—</b>	Nightstick <b>—</b>	Raincoat <b>14</b>	Flashlight <b>14</b>	Other <b>Gate, Trade Keys, Phone</b>							
Officers: Fully explain all items marked "Yes" with time and all detail. For additional space use reverse side and attach incident reports.		Officer—Day Shift (Name) <b>etc. K. Felix</b>		Officer—Swing Shift (Name) <b>etc R. Dealing</b>		Officer—Grave Shift (Name) <b>Dick Mokorski</b>								
Shift Began <b>8:00 PM</b> Ended <b>4:15 AM</b>		Shift Began <b>4 AM</b> Ended <b>12:00 PM</b>		Shift Began <b>12 AM</b> Ended <b>8 AM</b>										
Observations or actions taken	Yes	No	Explanation	Yes	No	Explanation	Yes	No	Explanation					
Rounds or stations missed		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>						
Unlocked doors, gates or windows		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>						
Unlocked vaults or safes		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>						
Fire-smoke-or hazards		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>						
1. Extinguishers missing or defective		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>						
2. Sprinkler system defective		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>						
3. Fire doors or exits blocked		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>						
4. Rubbish accumulation		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>						
5. Motors running		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>						
6. Lights left burning		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<b>as needed</b>		<input checked="" type="checkbox"/>						
Injury hazards		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>						
Visitors		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<b>see Remarks</b>		<input checked="" type="checkbox"/>						
Trespassing		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>						
Violation of company rules		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>						
Remarks <b>WIFE in TO Bring me Lunch (R9)</b>														
IMPORTANT: If you were ill or injured please explain on the reverse side of this form and call your supervisor before leaving this post.														
1. Were you injured during this tour?	Day Shift	1.	2.	3.	Swing Shift	1.	2.	3.	Grave Shift	1.	2.	3.		
Yes	<input checked="" type="checkbox"/>	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
2. Did you suffer any illness?	Yes	<input checked="" type="checkbox"/>	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3. Have you reported all accidents coming to your attention?	Yes	<input checked="" type="checkbox"/>	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Signatures	1.	<b>Kenneth Felix</b>			1.	<b>Rafael Dealing</b>			1.	<b>Dick Mokorski</b>				
Signatures	2.				2.				2.					
Signatures	3.				3.				3.					

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